Retatrutide: Promising Early Results Transcript

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Introduction to Retatrutide

Lisa Broyles here with Way Too Health Lisa Broyles here with Way Too Health MD, and this is a two-video series, mini MD, and this is a two-video series, mini series I guess, about the newest GLP-1 series I guess, about the newest GLP-1 agonist. So, we've all heard of Ozempic, agonist. So, we've all heard of Ozempic, we've all heard of Mounjaro, which is we've all heard of Mounjaro, which is tirzepatide, but there is a new third tirzepatide, but there is a new third drug in the pipeline by Eli Lilly, and drug in the pipeline by Eli Lilly, and it is called retatrutide.

What the Drug Is and Trial Status

it is called retatrutide. In this video about what the research In this video about what the research says, what the studies are saying, what says, what the studies are saying, what this drug can actually do. And in the this drug can actually do. And in the second video, we're we'll talk about the second video, we're we'll talk about the dangers of it and what you can do to try dangers of it and what you can do to try to mitigate that if you find that you to mitigate that if you find that you need to be on this need to be on this medication. So, first of all, I want to medication. So, first of all, I want to say that retatrutide say that retatrutide has It's hard to say that word. Has not has It's hard to say that word. Has not been FDA-approved. It is in phase three been FDA-approved. It is in phase three clinical trials. This means it's in clinical trials. This means it's in human studies right now, okay? So, this human studies right now, okay?

Clinical Trials and Study Groups

So, this drug is not available yet except as a drug is not available yet except as a research-only research-only research-only peptide. So, some compounding pharmacies peptide. So, some compounding pharmacies are making it and selling it, but it is are making it and selling it, but it is not yet FDA-approved because the studies not yet FDA-approved because the studies aren't complete. So, basically, what we aren't complete. So, basically, what we know right now is that there are these know right now is that there are these triumph trials that are being done by triumph trials that are being done by Eli Lilly across 14 countries, 5,800 Eli Lilly across 14 countries, 5,800 people in these studies. Okay? So, what people in these studies. Okay?

Weight Loss and Health Benefits

So, what they are doing is they are doing a 4-mg, they are doing is they are doing a 4-mg, a 9-mg, and a 12-mg dose of retatrutide a 9-mg, and a 12-mg dose of retatrutide in escalating doses to get to that 9- to in escalating doses to get to that 9- to 12-mg dose, and they're looking at 12-mg dose, and they're looking at patients that are obese and also have patients that are obese and also have either obstructive sleep apnea, either obstructive sleep apnea, osteoarthritis of the knees, or osteoarthritis of the knees, or cardiovascular disease. So, there's cardiovascular disease. So, there's multiple studies going on looking at multiple studies going on looking at different endpoints and what the weight different endpoints and what the weight loss of the drug does to these different loss of the drug does to these different endpoints, okay? I will start by saying endpoints, okay? I will start by saying what these studies have found, and this what these studies have found, and this is exploding across the medical is exploding across the medical community, and you're probably hearing community, and you're probably hearing about it because the doses of 9 to 12 mg about it because the doses of 9 to 12 mg are causing anywhere from 24 to 27% are causing anywhere from 24 to 27% weight loss over 48 weeks. This is a weight loss over 48 weeks. This is a massive amount of weight loss. So, massive amount of weight loss. So, they're finding that people that reached they're finding that people that reached a plateau on Ozempic or Mounjaro on this a plateau on Ozempic or Mounjaro on this drug are easily breaking through that drug are easily breaking through that with faster weight loss and not just with faster weight loss and not just weight loss, but they are losing their weight loss, but they are losing their intra-organ fat. Okay, the fat in the intra-organ fat.

How Retatrutide Works

Okay, the fat in the liver. So, we are now estimating that liver. So, we are now estimating that one in three one in three people in the United States have some people in the United States have some level of fat infiltrating the liver.

level of fat infiltrating the liver. This is from what we call metabolic This is from what we call metabolic syndrome. It's from us Americans having syndrome. It's from us Americans having too much food, not enough exercise.

too much food, not enough exercise. Okay, the fat accumulates in the liver, Okay, the fat accumulates in the liver, eventually causes scarring and permanent eventually causes scarring and permanent liver damage. So, this is called liver damage. So, this is called non-alcoholic non-alcoholic non-alcoholic steatosis, steatosis, steatosis, NASH syndrome, metabolic fatty liver, NASH syndrome, metabolic fatty liver, non-alcoholic. If you have fat in the non-alcoholic. If you have fat in the liver, this is a drug that can literally liver, this is a drug that can literally melt that fat. It makes It increases melt that fat. It makes It increases something called thermogenesis. Okay, something called thermogenesis. Okay, that 14% of the people on the 9 mg dose that 14% of the people on the 9 mg dose of retatrutide completely resolved their of retatrutide completely resolved their knee pain. Gone because of their weight knee pain. Gone because of their weight loss. Those knees aren't carrying around loss. Those knees aren't carrying around so much weight, they don't hurt as much.

so much weight, they don't hurt as much. They saw a decrease in apneic events in They saw a decrease in apneic events in obstructive sleep apnea. They saw a obstructive sleep apnea.

Fat Burning, Side Effects, and Muscle Loss

They saw a reduction in cholesterol levels, hs-CRP, reduction in cholesterol levels, hs-CRP, which is inflammation in the heart which is inflammation in the heart arteries, decrease in blood pressure by arteries, decrease in blood pressure by as much as 14 points systolic on the 12 as much as 14 points systolic on the 12 mg dose. So, you're seeing major mg dose. So, you're seeing major improvements in people's health after 48 improvements in people's health after 48 weeks on this drug. So, how does it weeks on this drug. So, how does it work? So, Ozempic balances the GLP work? So, Ozempic balances the GLP receptor. I've covered this in other receptor. I've covered this in other videos. Not there's appetite covers the videos. Not there's appetite covers the GLP and the GIP, which blocks the nausea GLP and the GIP, which blocks the nausea that commonly occurs with the first drug that commonly occurs with the first drug Ozempic, okay? So, that's why Ozempic, okay? So, that's why tirzepatide is more easily tolerated tirzepatide is more easily tolerated than Ozempic or semaglutide. However, than Ozempic or semaglutide. However, this third drug also stimulates the this third drug also stimulates the glucagon receptor. Now, typically glucagon receptor. Now, typically glucagon has been seen as the villain in glucagon has been seen as the villain in weight loss treatments because tells the weight loss treatments because tells the liver release blood sugar. So, typically liver release blood sugar. So, typically we don't want glucagon because it's the we don't want glucagon because it's the opposite of insulin. However, scientists opposite of insulin. However, scientists discovered that when you stimulate GLP, discovered that when you stimulate GLP, GIP, and glucagon receptors all at the GIP, and glucagon receptors all at the same time, you get thermogenesis. This same time, you get thermogenesis. This is literally what it sounds like. It is literally what it sounds like. It revs up the heat, okay? And it literally revs up the heat, okay? And it literally melts intra-abdominal fat in glucagon melts intra-abdominal fat in glucagon receptor at the same time as the other receptor at the same time as the other receptors. And it does this by enhancing receptors. And it does this by enhancing the mitochondria, which we've talked the mitochondria, which we've talked about before. Those are your energy about before. Those are your energy cells. It turns up turns on the gas. It cells. It turns up turns on the gas. It makes those mitochondria work extra hard makes those mitochondria work extra hard to produce energy to melt fat, okay? The to produce energy to melt fat, okay? The one problem here is that it melts fat, one problem here is that it melts fat, but you're also melting muscle. So, but you're also melting muscle. So, that's what we're going to talk about in that's what we're going to talk about in video two is how can we prevent muscle video two is how can we prevent muscle loss? So, it works by stimulating those loss? So, it works by stimulating those three receptors. You're burning fat at three receptors. You're burning fat at an incredible rate. Your body is an incredible rate. Your body is literally sitting still, but go burning literally sitting still, but go burning the energy of running a half marathon on the energy of running a half marathon on this drug. Increased heart rate, this drug. Increased heart rate, possibly increased flat affect or possibly increased flat affect

or lowered moon due to low mood due to lowered moon due to low mood due to lower dopamine production, and muscle lower dopamine production, and muscle breakdown. So, stay tuned for video two breakdown. So, stay tuned for video two and we'll talk about what we can do and we'll talk about what we can do